Corporate Lodging Consultants, Inc. (CLC Lodging) Emergency Lodging Services

| Attachment to Tas | k Order Number: |
|----------------------------------|--------------------------------------|
| Blanket Purchase Agreemen | t Number: <u>GS33FCA-018</u> |
| Federal Supply Schedule Cor | ntract Number:_GS-33F-0009P |
| CLC Tax Identification Numb | er: <u>48-086631</u> |
| CLC Duns Number: <u>08 742 4</u> | 511 |
| A. Authorized Contraction | ng Officer |
| Name: | |
| Telephone Number | |
| E-Mail Address | |
| | n supplemental schedule if required) |
| Hotel Room or Apart | ment |
| Number of Rooms | |
| Number of Nights | |
| Requested location | |
| Maximum Driving Dis | stance |
| Maximum Rate | |
| L | Task Order No |

Please check all that apply

| Food on Premises | Interior Corridors |
|---------------------|-------------------------|
| Food within walking | Single/Double Occupancy |
| Laundry Facilities | High Speed Internet |
| Meeting rooms | Truck Parking |
| Pets | |
| Other | |

If apartment:

| Number of Bedrooms | |
|-----------------------------------|--|
| Number of Bathrooms | |
| Garage needed | |
| Parking needed | |
| House Furnishings | |
| Gas/Cable/Trash | |
| Number of Occupants per apartment | |
| | |

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|---------------|--|
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C. Agency Requirements Coordinator (Authorized caller and point of contact for room requests)

| Name | |
|------------------|--|
| Telephone Number | |
| Fax Number | |
| E-Mail Address | |

D. Hotel Reservation and Check-In Procedure

Once the Agency Requirements Coordinator (ARC) has obtained the requirements data, CLC is contacted with the room block request:

IT IS HIGHLY RECOMMENDED THAT REQUESTS ARE PLACED BY PHONE vs. EMAIL OR FAX.

- Toll free phone number (Rapid Response Group) 1-800-321-0455
- Dedicated fax number 1-316-219-4655
- Dedicated e-mail address: rapidresponse@clclodging.com

HOURS OF OPERATION: 7:00 a.m. – 6:00 p.m. CST (during non-event).

At the end of the day, the toll free number is routed to a dedicated on-call phone number to take after hour emergency calls. During an event, staff is brought in around the clock for as long as it is needed.

CLC will attempt to obtain rooms to meet the room block request and either confirms the request or propose alternatives to the ARC. During an event and/or increase in demand for rooms, this procedure may require the CLC representative to book available rooms without contacting the ARC with alternatives.

Confirmation information will be provided to the ARC. The ARC will be

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responsible for distributing the hotel information (name, address and confirmation number) to Agency personnel. When the rooming list has been finalized the ARC will provide that information to CLC. CLC will provide the rooming list to the contracted hotel and will utilize the list for verification of hotel billing. If there are any changes to the rooming list, the ARC must notify CLC immediately.

When hotels are required in an area without an alternate work site established, consider two (2) requirements:

1. Hotel Rooms

2. Meeting Space

With various agencies trying to obtain the same or similar requirements, it becomes difficult to locate hotel rooms and meeting rooms at the same location. Establishing the two requirements will allow CLC to find the hotel rooms and then locate a meeting space in the vicinity.

Upon arrival, the guest will identify him/herself to the hotel as being part of the CLC program and shall sign in on the hotel's CLC provided sign-in sheet. Room payment shall be as set forth below.

| Tas | k | Ord | der | No. | | | |
|-----|---|-----|-----|-----|--|--|--|
| | | | | | | | |

E. **Payment Terms**

| A task | order will be issued at the beginning of each fiscal year. |
|-------------|---|
| | Option 1 : CLC establishes a direct bill relationship with the hotel for room and tax, if applicable (meals, other incidental charges and any damages to room caused by the guest are the responsibility of the hotel guest). Hotel invoices CLC for room and tax charges. CLC invoices Agency for the hotel charges plus CLC fees (fees are set forth in the BPA or as negotiated). Agency pays CLC by Agency check or wire transfer. Upon receipt of payment from Agency, CLC pays hotel charges to hotel by check or wire transfer. This option provides you with richer management report data to support these emergency purchases. |
| ; ; ; | Option 2 : CLC establishes a direct bill relationship with the hotel for room and tax, if applicable (meals, other incidental charges and any damages to room caused by the guest are the responsibility of the hotel guest). Hotel invoices CLC for room and tax charges. CLC invoices Agency for the hotel charges plus CLC fees (fees are set forth in the BPA) plus 3% GSA SmartPay card charge. Agency pays CLC with Agency Charge Card Upon receipt of payment from Agency, CLC pays the hotel charges to hotel by check or wire. |
| | Option 3: Agency employee pays for room and tax, if applicable, using his/her individual GSA SmartPay card (meals, other incidental charges and any damages to room caused by the guest are the responsibility of the hotel guest). Hotel usage by Agency based on reservation data. CLC invoices Agency for CLC fees only (fees are set forth in the BPA or as negotiated) plus 3% GSA SmartPay card charge, if applicable. The employee pays CLC with their GSA SmartPay card, check or wire transfer. Agency tax exemption certification/documentation attached to this Task Order. |
| | Task Order No |

PRE-DETERMINED LODGING OPTION:

If the ARC already has a desired location(s) in mind please list information below. Please list in order of preference for CLC to contact first option first.

First Option

| Hotel Name | | |
|--------------------|--|--|
| | | |
| Hotel Address | | |
| | | |
| Hotel City | | |
| | | |
| Hotel State | | |
| | | |
| Hotel Zip | | |
| | | |
| Hotel Phone Number | | |
| | | |
| | | |

Second Option

| Hotel Name | |
|---------------|--|
| | |
| | |
| | |
| Hotel Address | |
| | |
| | |
| | |
| Hotel City | |
| _ | |
| | |
| | |
| Hotel State | |
| noterstate | |
| | |

| Hotel Zip | | |
|--------------------|--|--|
| | | |
| Hotel Phone Number | | |
| | | |
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| i | | |

Third Option

| Hotel Name | |
|--------------------|--|
| Hotel Address | |
| Hotel City | |
| Hotel State | |
| Hotel Zip | |
| Hotel Phone Number | |

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